

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/6/05

2 Serial/Patent # 10/521923

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

1-13-05 \$ 50

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 50

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 23 -- 3050

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. Johnson

TITLE: paralegal

SIGNATURE: A. Johnson

PHONE: 308-9940

OFFICE: PCT

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

BEST AVAILABLE COPY